Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

		Effe	ctive Oct	ober 1, 2	003	ı					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	ENTITY	OF		R THAN L ENTITY
T	OTAL CLAIM	S	111				RATI	FEE		RATE	FEE
FOR			NUMBE	R FILED	NUM	BER EXTRA	BASIC		$\exists$		<del></del>
T	OTAL CHARGE	EABLE CLAIMS	1,1				<del> </del>	-	OF	BASIC FE	770.00
			1	ninus 20=			X\$ 9	=	OR	XS18=	
INDEPENDENT CLAIMS				minus 3 =	<u> </u>		X43=		OR	X86=	L o
MULTIPLE DEPENDENT CLAIM PRESI							+145:		OR	+290=	
* If the difference in column 1 is less than zero, en					"0" in	column 2	LTOTA		_	TOTAL	770
CLAIMS AS AMENDED - PART II							1017	<u> </u>	ال		THAN
		(Column 1)		(Column 2) (Column			SMAL	L ENTITY	OR	SMALL	
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .	X43=	1		X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<del></del> -	OR	7100-	
									OR	+290=	
·							TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	í
_		(Column 1)		(Colum		(Column 3)					
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X43=	<b>†</b>	1 1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM			<del> </del>	OR		
+145=									OR	+290=	•
				TOTAL ADDIT. FEE		OR ,	TOTAL ODIT. FEE				
•		(Column 1)		(Columi		(Column 3)		٠.			•
		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus			=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=					
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=		OR	X86=	
+145= OR										+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL  Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  ADDIT. FEE									OR A	TOTAL	-
11	tne "Hignest Nur	mber Previously Pa ber Previously Paid	id For IN THI	S SPACE is le	ess than	3 'enter *3 *		propriate box	. M	DDIT. FEE <b>L</b> mn 1.	